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35273 7590 08/25/2005

**BEVER, HOFFMAN & HARMS, LLP**  
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11/28/2005 EAYALEW2 00000015 09976960

01 FC:1501 1400.00 OP  
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**Rebecca A. Baumann** (Depositor's name)  
*Rebecca A. Baumann* (Signature)  
**November 23, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/976,960	10/11/2001	Ronald Miller	SNSY-A1999-032.CON	2910

TITLE OF INVENTION: DETAILED PLACER FOR OPTIMIZING HIGH DENSITY CELL PLACEMENT IN A LINEAR RUNTIME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIK, PHALLAKA	2825	716-009000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **BEVER, HOFFMAN &**  
 2 **HARMS, LLP**  
 3 **Jeanette S. Harms**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Synopsys, Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Mountain View, CA**Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge any deficiencies, or credit any overpayment, to Deposit Account Number 50-0574 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name **Jeanette S. Harms**Date **November 23, 2005**Registration No. **35,537**

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